

**MINUTES OF IWCC MEDICAL FEE ADVISORY BOARD
IWCC CHICAGO OFFICE, ORAL ARGUMENT ROOM
HELD ON FEBRUARY 21, 2008**

Present at the meeting were:

Dennis R. Ruth, Chairman
Ms. Elena Butkus, Medical Provider Representative

Other attending IWCC board member were:

Mr. Mark Flannery, Workers' Compensation Advisory Board

Attending the meeting via conference call:

Ms. Madeline Bowling, Medical Provider Representative
Dr. Jesse Butler, Medical Provider Representative
Mr. Roger Poole, Employee Representative

Mr. Ken Presbrey, Workers' Compensation Advisory Board

IWCC staff present at the meeting were:

Mr. Glen Boyle, Medical Fee Schedule Project Manager
Ms. Kathryn Kelley, General Council
Ms. Amy Masters, Secretary of the Commission
Ms. Susan Piha, Manager of Research & Education

Chairman Ruth called the meeting to order at 9:10 a.m.

Proposed rules and guidelines and minutes from the previous meeting held January 31, 2008 were distributed to all attendees.

Chairman Ruth provided an overview of the history of the medical fee schedule and its development over the last 2 years, specifically hospital outpatient fee schedules both for outpatient surgeries, path and lab, diagnostics, physical therapy, ambulatory surgical treatment centers (ASTCs), and rehabilitation hospitals. Proposed rules and guidelines have been presented to all board members for review.

Chairman Ruth noted one of the most significant changes in the rules and guidelines from the previous meeting was to remove DRG language, and a new paragraph regarding the Commission's responsibility to create a new MS-DRG fee schedule by January 1, 2009.

Until the new fee schedule is created, a CMS crosswalk is available on the IWCC web site to crosswalk bills from MS-DRG to DRG.

Mr. Glen Boyle discussed available options for the Commission in regards to converting the fee schedule to MS-DRG. He indicated one option is for the Commission to purchase their own grouper and retain the services of Mr. Boyle to convert the fee schedule. Another option would be to outsource the data, as the data used by the Commission obtained from the Illinois Department of Public Health, is actually grouped by the Illinois Hospital Association (IHA). Mr. Boyle has contacted the IHA to obtain additional information regarding timeframe, cost, and workload. Additionally, another organization, 3M Consulting Services, also translates historical charge data from the hospital industry and converts to MS-DRGs.

Mr. Boyle noted the difficulty of taking old information and going forward because of the changes in diagnosis codes, including codes that didn't previously exist. However, he concluded the options are available and the conversion can be done.

Chairman Ruth noted that until the MS-DRG schedule is implemented it will be the responsibility of both medical providers and payors to utilize the crosswalk to ensure bills are being paid correctly.

Ms. Elena Butkus noted the IHA could run the date in approximately one month.

Next, upon motion duly made, seconded and unanimously carried, the minutes of the Medical Fee Advisory Board meeting held January 31, 2008 were approved as presented.

Chairman Ruth then discussed the rulemaking process. He noted that because the rules were not emergency rules, they are effective after the rules are completely passed by JCAR and after two 45-day notice periods have passed. He added the Commission is scheduled to meet that afternoon and vote on the proposed rules and guidelines. Once they are passed by the Commission, the rules will be forwarded to the Secretary of State and he expects them to be published March 7 in the Illinois Register. After they are published, the public comment period of 45 days will start to run. Though only one public forum is required, two public forums will be held in Chicago and Springfield. The forums will be held on March 26 in Chicago, and April 2 in Springfield at the Commission offices.

After the public forums are held, the advisory board would then meet to discuss any final changes to the rules and guidelines. The board set the next meeting date for April 24th in the Chicago office at 9:00 a.m.

Dr. Jesse Butler asked about the deletion of IME codes. Chairman Ruth noted they were deleted because they are not treatment codes, and these codes were not caught in the initial fee schedule.

Ms. Elena Butkus asked about the payment rates for multiple procedures, confirming the primary procedure is paid at 100% and the second, third, and fourth procedures are paid at 50%.

Ms. Madeline Bowling asked if it was typical to exclude physicians who provide professional services in a hospital setting from a professional services fee schedule. Mr. Boyle explained that fees comprise of a very small percentage of professional services, and that this was to prevent inconsistent reimbursement recommendations.

Chairman Ruth indicated that he hoped the fee schedule numbers would be available on the web site at the time the proposed rules and guidelines are published in the Illinois Register.

Chairman Ruth noted that at the last meeting, Mr. Mark Flannery distributed a proposed rule regarding access issues, and asked the board if they would like to further discuss this issue. Mr. Flannery and other members of the board indicated no further discussion about the issue was necessary at that time.

Mr. Boyle suggested the proposed rule should also address providers who are claiming access issues. Mr. Flannery explained the focus is on the affected injured worker, as the intent of the laws is to ensure medical access to the injured employees. Additionally, other affected entities, including medical providers, could file briefs too. Chairman Ruth indicated that the next meeting should be more comprehensive to address all the various issues regarding access and hear input from all sides.

Upon motion , the meeting was adjourned at 9:45 a.m.